

Seekonk City/Town

WPA Form 1- Request for Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

A. General Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.





2.

1.	Applicant:			
	Massachusetts Highway Department			
	Name	E-Mail Address (if applicable)		
	1000 County Street			
	Mailing Address			
	Taunton	MA	02780	
	City/Town	State	Zip Code	
	(508) 824-6633	(508) 880-6102		
	Phone Number	Fax Number (if applicable)		
2.	Representative (if any):			
	Massachusetts Highway Department			
	Firm			
	Thomas F. McGuire	Thomas.McGuire@state.ma.us		
	Contact Name	E-Mail Address (if applicable)		
	1000 County Street			
	Mailing Address			
	Taunton	MA	02780	
	City/Town	State	Zip Code	

(508) 880-6102

Fax Number (if applicable)

make the following determination(s). Check any that apply:

B. Determinations

1. I request the Seekonk

(508)824-6633 Phone Number

	Conservation Commission
\boxtimes	a. whether the area depicted on plan(s) and/or map(s) referenced below is an area subject to jurisdiction of the Wetlands Protection Act.
	b. whether the boundaries of resource area(s) depicted on plan(s) and/or map(s) referenced below are accurately delineated.
\boxtimes	c. whether the work depicted on plan(s) referenced below is subject to the Wetlands Protection Act.
	d. whether the area and/or work depicted on plan(s) referenced below is subject to the jurisdiction of any municipal wetlands ordinance or bylaw of:
	Name of Municipality
	e. whether the following scope of alternatives is adequate for work in the Riverfront Area as depicted on referenced plan(s).



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Route 114A	Seekonk	
Street Address	City/Town	
N/A	N/A	
Assessors Map/Plat Number	Parcel/Lot Number	
b. Area Description (use additional pap	er, if necessary):	
Route 114A from the Rhode Island state line to Route 44.		
c. Plan and/or Map Reference(s):		
Route 114A, Seekonk - U.S.G.S. Locus I	Map 4/29/99	
Title	Date	
The proposed work includes cold planing	per and/or provide plan(s) of work, if necessary): I, resurfacing, and related items necessary to rehabilitate a see the attached detailed scope of work and U.S.G.S. loc	
The proposed work includes cold planing oute 114A in the Town of Seekonk. Please ap. b. Identify provisions of the Wetlands P from having to file a Notice of Intent for a necessary).	, resurfacing, and related items necessary to rehabilitate	



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C. Project Description (cont.)

a. Riv	If this application is a Request for Determination of Scope of Alternatives for work in the erfront Area, indicate the one classification below that best describes the project.
	Single family house on a lot recorded on or before 8/1/96
	Single family house on a lot recorded after 8/1/96
	Expansion of an existing structure on a lot recorded after 8/1/96
	Project, other than a single family house or public project, where the applicant owned the lot before 8/7/96
	New agriculture or aquaculture project
	Public project where funds were appropriated prior to 8/7/96
	Project on a lot shown on an approved, definitive subdivision plan where there is a recorded deed restriction limiting total alteration of the Riverfront Area for the entire subdivision
	Residential subdivision; institutional, industrial, or commercial project
	Municipal project
	District, county, state, or federal government project
	Project required to evaluate off-site alternatives in more than one municipality in an Environmental Impact Report under MEPA or in an alternatives analysis pursuant to an application for a 404 permit from the U.S. Army Corps of Engineers or 401 Water Quality Certification from the Department of Environmental Protection.
b. abo	Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification ove (use additional paper and/or attach appropriate documents, if necessary.)
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D. Signatures and Submittal Requirements

I hereby certify under the penalties of perjury that the foregoing Request for Determination of Applicability and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge.

I further certify that the property owner, if different from the applicant, and the appropriate DEP Regional Office (see Appendix A) were sent a complete copy of this Request (including all appropriate documentation) simultaneously with the submittal of this Request to the Conservation Commission.

Failure by the applicant to send copies in a timely manner may result in dismissal of the Request for Determination of Applicability.

Name and address of the property owner:

Massachusetts Highway Department		
Name		
1000 County Street		
Mailing Address		
Taunton		
City/Town		
MA	02780	
State	Zip Code	

Signatures:

I also understand that notification of this Request will be placed in a local newspaper at my expense in accordance with Section 10.05(3)(b)(1) of the Wetlands Protection Act regulations.

Benow Mr Court me	6/25/02	
Signature of Applicant	Date	
Thomas F. Mc Live	6/25/02	
Signature of Representative (if any)	Date	